



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

November 22, 2006

Robbie Redford, Administrator
Royal Plaza Retirement & Care Center, LLC /RCF
2870 Juniper Dr
Lewiston, ID 83501

FILE COPY

License #: RC-665

Dear Mr. Redford:

On October 19, 2006, a state licensure survey was conducted at Royal Plaza Retirement & Care Center, Llc /rcf. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Rebecca Winter, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

REBECCA WINTER, RN
Team Leader
Health Facility Surveyor
Residential Community Care Program

RW/slc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

October 27, 2006

Robbe Redford, Administrator
Royal Plaza Retirement & Care Center
2870 Juniper Dr
Lewiston, ID 83501

Dear Mr. Redford:

On October 19, 2006, a state licensure survey was conducted at Royal Plaza Retirement & Care Center. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by November 18, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to be 'J. Simpson'.

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Care Assisted Living Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R665	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/19/2006
NAME OF PROVIDER OR SUPPLIER ROYAL PLAZA RETIREMENT & CARE CENTEF		STREET ADDRESS, CITY, STATE, ZIP CODE 2870 JUNIPER DR LEWISTON, ID 83501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the standard health survey. The surveyors conducting the survey were:</p> <p>Rebecca Winter, RN Team Coordinator Health Facility Surveyor</p> <p>Karen McDannel, RN Health Facility Surveyor</p> <p>Debbie Sholley, LSW Health Facility Surveyor</p> <p>Rae Jean McPhillips, RN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

3LK411

If continuation sheet 1 of 1



IDAHO DEPARTMENT OF
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Royal Plaza Retirement	Physical Address 2870 Juniper Drive	Phone Number 746-2800
Administrator Robbie Redford	City Lewiston	ZIP Code 83501
Survey Team Leader Rebecca Winter	Survey Type Standard	Survey Date 10/19/06

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1.	300.01	There was no delegation of all nursing functions from the RN to unlicensed personnel.		
2.	405.01.b	There were extension cords and multiple electrical adapters in resident rooms and the facility's common areas.		
3.	550.01.b.i	Staff entered resident rooms without giving residents an adequate opportunity to respond.		
4.	650.02	The Uniform Assessment did not include all the required components.		
5.	711.09	Resident # 1, 9 and 10's records did not contain a current list of medications.		

Response Required Date 11/19/06	Signature of Facility Representative 	Date Signed 10/19/06
---	---	--------------------------------